

United States



of America

Department of the Treasury  
Internal Revenue Service

Date: March 3, 2006

CERTIFICATE OF OFFICIAL RECORD

I certify that the annexed: is a true copy of the Form 990, Return of Organization Exempt From Income Tax, plus attachments, for Holy Land Foundation for Relief and Development, Employer Identification Number 95-4227517, for tax year 1995, consisting of seventeen (17) pages

under the custody of this office.

IN WITNESS WHEREOF, I have hereunto set my hand, and caused the seal of this office to be affixed, on the day and year first above written.

By direction of the Secretary of the Treasury:

A handwritten signature in cursive script that reads "Susan M. Bononcini".

Susan M. Bononcini  
Resident Agent-in-Charge  
Delegation Order CI - 18

GOVERNMENT  
EXHIBIT  
HLF Tax - 4  
3:04-CR-240-G  
U.S. v. HLF, et al.

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

**1995**

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 1995 calendar year, OR tax year period beginning 1995, and ending 19

<b>B</b> Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for State reporting)	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <u>HOLEY LAND FOUNDATION FOR RELIEF &amp; DEVELOPMENT</u>		<b>D</b> Employer identification number <u>95-4227517</u>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>P.O. Box #32390</u>		<b>E</b> State registration number <u>1451143</u>
		City, town, or post office, state, and ZIP code <u>ROCKWELL TX 75083</u>		<b>F</b> Check <input type="checkbox"/> If exemption application is pending

**G** Type of organization:  Exempt under section 501(c) ( 3 ) (insert number) OR  section 4947(a)(1) nonexempt charitable trust  
**Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).**

**H(a)** Is this a group return filed for affiliates?  Yes  No

**I** If either box in H is checked "Yes," enter four-digit group exemption number (GEN)                     

**(b)** If "Yes," enter the number of affiliates for which this return is filed:                     

**(c)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

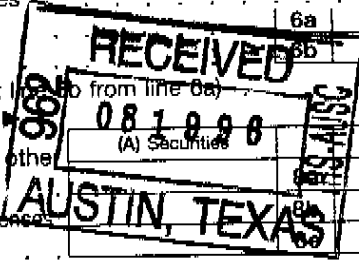
**J** Accounting method:  Cash  Accrual  
 Other (specify)                     

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions on pages 9-14.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:		
	<b>a</b> Direct public support	1a	3283389
	<b>b</b> Indirect public support	1b	
	<b>c</b> Government contributions (grants)	1c	
	<b>d</b> Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ <u>2319144</u> noncash \$ <u>964245</u> )	1d	3283389
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	<b>3</b> Membership dues and assessments	3	
	<b>4</b> Interest on savings and temporary cash investments	4	
	<b>5</b> Dividends and interest from securities	5	6096
	<b>6a</b> Gross rents	6a	
	<b>b</b> Less: rental expenses	6b	
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c	
<b>7</b> Other investment income (describe <u>                    </u> )	7		
<b>8a</b> Gross amount from sale of assets other than inventory			
<b>b</b> Less: cost or other basis and sales expenses			
<b>c</b> Gain or (loss) (attach schedule)			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
<b>9</b> Special events and activities (attach schedule)			
<b>a</b> Gross revenue (not including \$ <u>                    </u> of contributions reported on line 1a)	9a		
<b>b</b> Less: direct expenses other than fundraising expenses	9b		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
<b>10a</b> Gross sales of inventory, less returns and allowances	10a		
<b>b</b> Less: cost of goods sold	10b		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
<b>11</b> Other revenue (from Part VII, line 103)	11		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3289485	
Expenses	<b>13</b> Program services (from line 44, column (B))	13	3158305
	<b>14</b> Management and general (from line 44, column (C))	14	101487
	<b>15</b> Fundraising (from line 44, column (D))	15	154064
	<b>16</b> Payments to affiliates (attach schedule)	16	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	17	3413856
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18	(124371)
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19	628946
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <u>Revenue NG</u>	20	(15)
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	504574



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions on page 14.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	2 779 801	2 779 801		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	2 543 0	1 9 73	5 086	1 271
26	Other salaries and wages	1 333 68	6 684	4 00 10	2 6674
27	Pension plan contributions				
28	Other employee benefits	507	380	51	76
29	Payroll taxes	1 2529	6891	3 132	2 506
30	Professional fundraising fees				
31	Accounting fees	4077	3058	612	-407
32	Legal fees				
33	Supplies	15027	6762	3757	4508
34	Telephone	24742	10092	4883	9767
35	Postage and shipping	52169	15859	8660	27651
36	Occupancy	46492	27747	8900	11845
37	Equipment rental and maintenance	12722	7633	2618	2471
38	Printing and publications	77279	62347	2703	12229
39	Travel	81661	42369	10647	28645
40	Conferences, conventions, and meetings	4143	1243	2486	44
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	48694	34086	7304	7304
43	Other expenses (itemize): a				
b	SEE ATTACHED SCHEDULE	95215	74280	2638	182
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	3 413 856	3 158 305	1 014 87	1 540 64

**Reporting of Joint Costs.**—Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See instructions on page 17.)

What is the organization's primary exempt purpose? <input type="checkbox"/> _____	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE ATTACHED STATEMENT (Grants and allocations \$ 2 779 801 )	3 158 305
b _____ (Grants and allocations \$ _____ )	
c _____ (Grants and allocations \$ _____ )	
d _____ (Grants and allocations \$ _____ )	
e Other program services (attach schedule) (Grants and allocations \$ _____ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	

Part VI Other Information (See instructions on pages 20-23.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If "Yes," has it filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80b	b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.	81a NONE	
81b	b Did the organization file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	Section 501(c)(4), (5), or (6) organizations.—a Were substantially all dues nondeductible by members?		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	c Dues, assessments, and similar amounts from members	85c	
85d	d Section 162(e) lobbying and political expenditures	85d	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	Section 501(c)(7) organizations.—Enter:		
86a	a Initiation fees and capital contributions included on line 12	86a	
86b	b Gross receipts, included on line 12, for public use of club facilities.	86b	
87	Section 501(c)(12) organizations.—Enter: a Gross income from members or shareholders	87a	
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX		X
89	Public interest law firms.—Attach information described in the instructions.		
90	List the states with which a copy of this return is filed	CALIFORNIA	
91	The books are in care of	MUSTAFA H. AZAD, CPA Telephone no. (214) 692-0202	
	Located at	11300 ALBERTA EXP STE 405, DALLAS, TX ZIP code 75243	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041, U.S. Income Tax Return for Estates and Trusts.—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		92

3

2

3

4





**Part IV Balance Sheets** (See instructions on pages 17-19.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
		275797	45	207514
45 Cash—non-interest-bearing			46	
46 Savings and temporary cash investments				
47a Accounts receivable		8500	47c	12800
b Less: allowance for doubtful accounts				
48a Pledges receivable			48c	
b Less: allowance for doubtful accounts			49	
49 Grants receivable				
50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
51a Other notes and loans receivable (attach schedule)			51c	
b Less: allowance for doubtful accounts			52	
52 Inventories for sale or use			53	
53 Prepaid expenses and deferred charges		94502	54	92377
54 Investments—securities (attach schedule)				
55a Investments—land, buildings, and equipment: basis		241884		
b Less: accumulated depreciation (attach schedule)		127368	55c	98782
56 Investments—other (attach schedule)		70000	56	70000
57a Land, buildings, and equipment: basis			57c	
b Less: accumulated depreciation (attach schedule)				
58 Other assets (describe ▶)		52779	58	25148
59 Total assets (add lines 45 through 58) (must equal line 74)		628946	59	506621
60 Accounts payable and accrued expenses <del>PAYROLL TAXES PAYABLE</del>			60	2047
61 Grants payable			61	
62 Deferred revenue			62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a Tax-exempt bond liabilities (attach schedule)			64a	
b Mortgages and other notes payable (attach schedule)			64b	
65 Other liabilities (describe ▶)			65	
66 Total liabilities (add lines 60 through 65)			66	2047
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67 Unrestricted		628946	67	504574
68 Temporarily restricted			68	
69 Permanently restricted			69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70 Capital stock, trust principal, or current funds			70	
71 Paid-in or capital surplus, or land, bldg., and equipment fund			71	
72 Retained earnings, accumulated income, endowment, or other funds			72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		628946	73	504574
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		628946	74	506621

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$ _____		
(2)	Donated services and use of facilities . . . \$ _____		
(3)	Recoveries of prior year grants . . . \$ _____		
(4)	Other (specify): _____ \$ _____		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$ _____		
(2)	Other (specify): _____ \$ _____		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) . . . ▶	e	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements . . . ▶	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . . \$ _____		
(3)	Losses reported on line 20, Form 990 . . . \$ _____		
(4)	Other (specify): _____ \$ _____		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$ _____		
(2)	Other (specify): _____ \$ _____		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . ▶	e	

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see instructions on page 19.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GHASIAN GLASHI 365 TOWNHOUSE LN RICHARDSON TX	TREASURER 10 HRS	-0-	-0-	-0-
MUHAMMAD C. MOZAIN 151 DERRIN PARKWAY N.J.	CHAIRMAN 15 HRS	-0-	-0-	-0-
SHUKRE A. ABUBAKER 224 CANDIWOOD RICHARDSON TX	EXEC. DIRECTOR 50 HRS	25430	-0-	-0-

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see instructions on page 20.

**SCHEDULE A  
(Form 990)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), or  
Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information**

See separate instructions.

▶ **Must be completed by the above organizations and attached to their Form 990 (or 990-EZ).**

OMB No. 1545-0047

**1995**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOPE LAND FOUNDATION FOR PEOPLE'S DEVELOPMENT

Employer identification number

9514227517

**Part I**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions on page 1. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>NONE</u>				
Total number of other employees paid over \$50,000 ▶				

**Part II**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions on page 1. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services ▶		



**Part III Statements About Activities**

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	X	
4 Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)		

**Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 5.)**

The organization is not a private foundation because it is (please check only **ONE** applicable box):

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (a) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions on page 4.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1994	(b) 1993	(c) 1992	(d) 1991	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2146971	2047584	1644023	1042706	6901284
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8347	12333	1093	1972	-24745
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2155318	2060917	1645116	1044678	6906029
24 Line 23 minus line 17	2155318	2060917	1645116	1044678	6906029
25 Enter 1% of line 23	21553	20609	16451	10447	
26 Organizations described in lines 10 or 11:					26a 138121
a Enter 2% of amount in column (e), line 24					
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1991 through 1994 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b 71879
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c \$ 6906029
d Add: Amounts from column (e) for lines:					26d \$ 162866
18 \$ 24745					
19 \$					
22 \$					26e \$ 6743163
20b \$ 120121					
e Public support (line 26c minus line 26d total)					26f 97%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year:					
(1994) ..... (1993) ..... (1992) ..... (1991) .....					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(1994) ..... (1993) ..... (1992) ..... (1991) .....					
c Add: Amounts from column (e) for lines:					27c \$
15 \$					
16 \$					27d \$
17 \$					
20 \$					27e \$
21 \$					
d Add: Line 27a total \$ and line 27b total \$					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f \$
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1991 through 1994, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions on page 5.)					

**Part V Private School Questionnaire** (See instructions on page 5.)  
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV) *N/A*

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions on page 5.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) *N/A*

Check here **a**  if the organization belongs to an affiliated group.  
 Check here **b**  if you checked "a" above and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is—		
Not over \$500,000 . . . . . 20% of the amount on line 40.	<b>41</b>	(shaded)
Over \$500,000 but not over \$1,000,000 . . \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 . . . . . \$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 7.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1995	(b) 1994	(c) 1993	(d) 1992	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions on page 7.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



THE HOLY LAND FOUNDATION FOR  
RELIEF AND DEVELOPMENT

T.Y.E. 12/31/95

T.I.N. 95-4227517

FORM 990

PART II. LINE 43. STATEMENT OF FUNCTIONAL EXPENSES

	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
ADVERTISING	28,562	24,278		4,284
BANK CHARGES	2,307	1,846	115	346
CONTRACT LABOR	22,894	17,170	2,290	3,434
DUES & SUBS.	2,081	1,457	208	416
OUTSIDE SERVICES	39,117	29,338		9,779
PER PROP TAXES	254	191	25	38
TOTALS	95,215	74,280	2,638	18,297

PART III. STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM GRANTS ARE APPROPRIATED TO VARIOUS PROJECTS, INCLUDING ASSISTANCE TO NON-PROFIT MEDICAL/DENTAL CLINICS, ORPHANAGES, EDUCATIONAL FACILITIES, REFUGEE CAMPS, SOCIAL WELFARE CENTERS AND RELIGIOUS FACILITIES IN THE UNITED STATES AND OVERSEAS.

PART IV. LINE 54: INVESTMENTS

INVESTMENT IN MSI HOUSING FUND 1, L.P.

BEGINNING	\$ 94,502
ADD: PARTNERS SHARE OF EARNINGS	1,815
LESS: WITHDRAWALS & DISTRIBUTIONS	(3,940)
BALANCE AS OF 12/31/95	\$ 92,377



THE HOLY LAND FOUNDATION FOR  
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T.Y.E. 12/31/96

T.I.N. 95-4227517

FORM 990

PART II. LINE 42 & PART IV. LINE 55a: DEPRECIATION

	COST	METHOD	CUMULATIVE	CURRENT
EQUIPMENT	130,573	MARCS/5	83,054	22,598
MAILING SORTING MACHINE	17,551	MARCS/7	12,068	2,193
FURNISHINGS	48,790	MARCS/7	19,904	9,540
TELEPHONE SYSTEM	2,715	MARCS/7	1,867	339
VIDEO PRODUCTION	37,705	MARCS/3	23,844	12,568
AUTOMOBILE	4,550	MARC/5	2,366	1,456
TOTALS	241,884		143,102	48,694

PART IV. LINE 56: INVESTMENTS-OTHER

INVESTMENT IN A-1 JEWELERS

BEGINNING	\$ 70,000
ADD: EARNINGS/DIVIDENDS	4,281
LESS: DISTRIBUTIONS	(4,281)
BALANCE AS OF 12/31/95	\$ 70,000

PART IV. LINE 58: OTHER ASSETS

GOLD	\$ 9,219
LICENCE DEPOSIT	3,600
CREDIT CARD DEPOSIT	3,000
RENT DEPOSIT	4,358
TELEPHONE DEPOSIT	1,680
PREPAID RENT	3,291
TOTAL	\$ 25,148

THE HOLY LAND FOUNDATION FOR  
RELIEF AND DEVELOPMENT

T.Y.E. 12/31/95

T.I.N. 95-4227517

SCHEDULE A

PART III, LINE 4: STATEMENT ABOUT ACTIVITIES

SCHOLARSHIPS OR EDUCATIONAL ASSISTANCE DISBURSEMENTS ARE MADE TO THE NEEDY STUDENTS AT VARIOUS LEVELS OF THE EDUCATIONAL SYSTEM IN THE HOLY LANDS BASED UPON THE RECOMMENDATIONS FROM COMMUNITY LEADERS AND CHARITABLE ORGANIZATIONS IN THE AREAS. THE CRITERIA USED FOR SELECTION INCLUDES NEEDS, AREA OF STUDY, PAST PERFORMANCE AND DESIRE.

PART IV-A, LINE 26b:

NAME	TOTAL GIFTS 1991 - 1994	EXCESS AMOUNT
MOUSA ABOU MARZOOK	210,000	71,879
TOTALS	210,000	71,879

PART IV-A, LINE 28:

	NAME	AMOUNT	NATURE OF GRANT
1991	BADADAH CONNECTION	50,000	ONE TIME CASH
1992	MOUSA ABOU MARZOOK	210,000	ONE TIME CASH
	ALEXANDERIA CARPET	100,000	ONE TIME CASH
	FAYEZ SHUKAIRY	58,400	ONE TIME CASH
	NASSER ALKHATIB	22,450	ONE TIME CASH
	AHMED A BAZARA	20,000	ONE TIME CASH
	ALAA SAMAN	15,500	ONE TIME CASH

# Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148  
Expires 5-31-95

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

Please type or print. File the <b>original and one copy</b> by the due date for filing your return. (See instructions on back.)	Name <u>HOLY LAND FOUNDATION FOR RESEARCH &amp; DEVELOPMENT</u>	Employer identification number <u>9574227517</u>	
	Number and street, (or P.O. box no. if mail is not delivered to street address.) <u>P.O. BOX 832390</u>	Apt. or suite no.	
	City, town or post office, state, and ZIP code. (For a foreign address, see instructions.) <u>RICHMOND TX 75083</u>		

**Note:** Taxpayers who file a corporation income tax return, including Forms 990-C, 990-T, and 1120S, must use **Form 7004** to request an extension of time to file.  
Partnerships, REMICs, and trusts (except those filing Form 990-T) must use **Form 8736** to request an extension of time to file.

- 1 An extension of time until Aug 15, 19 96, is requested to file (check only one):
- |   |  |  |                                      |                                    |
|---|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 706GS(D)                | <input type="checkbox"/> Form 990-PF                           | <input checked="" type="checkbox"/> Form 1041-A    | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706GS(T)                | <input type="checkbox"/> Form 990-T (401(a) or 408(a) trust)   | <input type="checkbox"/> Form 1042                 | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990EZ | <input type="checkbox"/> Form 990-T (trust other than above)   | <input type="checkbox"/> Form 1042S                | <input type="checkbox"/> Form 5227   | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL                  | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 1120-ND (4951 taxes) | <input type="checkbox"/> Form 6069   | <input type="checkbox"/> Form 8804 |

If the organization does not have an office or place of business in the United States, check this box.

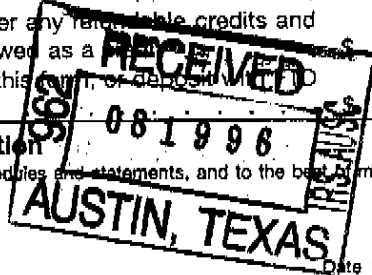
- 2a For calendar year 19 \_\_\_\_\_, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- b If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3 Has an extension of time to file been previously granted for this tax year?  Yes  No
- 4 State in detail why you need the extension. AWAITING PARTNERSHIP K-1 TO PROPERLY PREPARE TAX RETURN

- 5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804, enter the tentative tax, less any nonrefundable credits. (See instructions.) \$ \_\_\_\_\_
- b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any nonrefundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_
- c **Balance due** (subtract line 5b from line 5a). Include your payment with this form, or deposit coupon if required. (See instructions.) \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ CPA Date ▶ 08/15/96



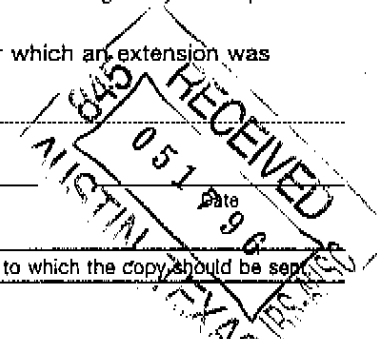
**FILE ORIGINAL AND ONE COPY.** The IRS will show below whether or not your application is approved and will return the copy.

**Notice to Applicant—To Be Completed by the IRS**

- We **HAVE** approved your application. Please attach this form to your return.
- We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We **HAVE NOT** approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: Charles J Peoples

Director

By: \_\_\_\_\_



If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name <u>MUHAMMAD LA AZAA CPA</u>	Apt. or suite no.
	Number and street, (or P.O. box no. if mail is not delivered to street address.) <u>11300 N CENTRAL EXP #405</u>	
	City, town or post office, state, and ZIP code. (For a foreign address, see instructions.) <u>DALLAS TX 75243</u>	



UNITED STATES  
POSTAL SERVICE

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73301

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